



## MAINE STATE BOARD OF NURSING

158 State House Station • Augusta, Maine 04333-0158  
(207) 287-1133

### APPLICATION FOR LICENSE AS A LICENSED PRACTICAL NURSE BY ENDORSEMENT

#### DO NOT WRITE IN THIS SPACE

Application Received \_\_\_\_\_

Application approved by Board of Nursing: \_\_\_\_\_

Fee: Cash \_\_\_\_\_ Check \_\_\_\_\_ MO \_\_\_\_\_

\_\_\_\_\_  
President

Receipt # \_\_\_\_\_

License Date \_\_\_\_\_

\_\_\_\_\_  
Executive Director

LICENSE NUMBER \_\_\_\_\_

\_\_\_\_\_  
Date

#### INSTRUCTIONS. An applicant must submit to the Board of Nursing office the following:

1. application form completed in ink or typewritten and properly notarized with signature in applicant's handwriting, and
2. required fee of \$50.00 in the form of U.S. check or money order in U.S. funds, made payable to the Treasurer of State of Maine, and
3. recent passport type photograph (not more than two years old), signed and dated, and enclosed with the application form, and
4. photocopy of a current (active) license in another state.

It is imperative that you supply us with your entire name, including any and all previously used names. If you do not have middle, maiden, or previous names, then you must write NONE in the appropriate space.

The Board of Nursing in the State which issued your original license by examination will be requested to verify your original licensure. You will be informed if a fee is required for this service. **YOU MAY NOT PRACTICE NURSING IN MAINE UNTIL YOU RECEIVE AUTHORIZATION FROM THIS OFFICE.**

#### THE APPLICATION FEE IS NOT REFUNDABLE

#### SECTION 1. PROFILE INFORMATION

Print legal name \_\_\_\_\_  
(first) (middle) (maiden) (last)

List any other names used previously \_\_\_\_\_

Residential address \_\_\_\_\_  
(street and number or route)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(county)

\_\_\_\_\_  
(state and zip code)

Mailing address (if different from above) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_  
city/state month/day/year

High School \_\_\_\_\_  
name and location

Date of Graduation \_\_\_\_\_ G.E.D. Yes ☐ No ☐ Date of G.E.D. Diploma \_\_\_\_\_

**SECTION II. NURSING EDUCATION**Practical Nursing Program ☐ Waivered ☐ Equivalent Preparation ☐

Name of School of Practical Nursing \_\_\_\_\_

Address \_\_\_\_\_

Date of Entrance \_\_\_\_\_ Date of Graduation \_\_\_\_\_ Length of Program \_\_\_\_\_

**SECTION III. LICENSURE HISTORY**

Original registration: State \_\_\_\_\_ Year \_\_\_\_\_ License No. \_\_\_\_\_

By: Examination \_\_\_\_\_ Waiver \_\_\_\_\_

Do you now hold or have you ever held a license to practice nursing (registered or practical) in Maine, in any other state, or in any other jurisdiction or country? If yes, indicate below the state(s), license number(s), type of license, and dates held. Attach additional sheet if necessary.

Yes ☐ No ☐

State(s) or country: \_\_\_\_\_ License No(s): \_\_\_\_\_ RN or LPN? \_\_\_\_\_ Date of Issue \_\_\_\_\_ Date of Expiration \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_**SECTION IV. EMPLOYMENT INFORMATION**

A. List employment in nursing for the past five years.

Name of Agency	City and State	Dates of Employment

B. If you have not been employed in nursing in the last five years, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_C. Are you currently employed in nursing? Yes ☐ No ☐

If yes, indicate name and address of employer \_\_\_\_\_

\_\_\_\_\_

D. Where in Maine do you plan to work? \_\_\_\_\_

**SECTION V. DISCIPLINARY INFORMATION**

- A. Has any Board of Nursing ever fined, warned, censured, or reprimanded you? Yes ☐ No ☐
- B. Have you ever had a nursing license placed on probation, denied, suspended or revoked in any state? Yes ☐ No ☐
- C. Is there any complaint pending against your license in any state or jurisdiction? Yes ☐ No ☐
- D. Have you ever been disciplined for problems resulting from a physical illness or condition? Yes ☐ No ☐
- E. Have you ever been disciplined for problems resulting from mental illness? Yes ☐ No ☐
- F. Have you ever been disciplined for problems resulting from chemical dependency? Yes ☐ No ☐
- G. Have you ever been convicted of a crime other than minor traffic violations? Yes ☐ No ☐

If you answered "YES" to the above questions, indicate all state(s) or jurisdiction(s) involved and attach an explanation:

**SECTION VI: RESIDENCE INFORMATION**

**What state (or country if you are not from the U.S.) do you claim as your legal residence?**

\_\_\_\_\_

**TAPE TOP ONLY**  
one recent photograph

Sign back of photo and  
indicate year taken

Photo must be:

Full face View

Passport Type

Clear and recognizable  
likeness.

**THIS FORM MUST BE NOTARIZED**

I, the undersigned, being duly sworn, say that I am the person referred to in this application for licensure in the State of Maine, that the statements contained herein and on all attachments are true and correct in every respect, that I have complied with all requirements of the law, and that I have read and understood this affidavit.

Signature of Applicant \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(SEAL)

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_ in and for the State of \_\_\_\_\_



JOHN ELIAS BALDACCI  
GOVERNOR

STATE OF MAINE  
BOARD OF NURSING  
158 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0158

MYRA A. BROADWAY, J.D., M.S., R.N.  
EXECUTIVE DIRECTOR

**DECLARATION OF PRIMARY STATE OF RESIDENCE**

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Permanent/Residential Address:

\_\_\_\_\_  
(Apartment #, RR#, Street)

\_\_\_\_\_  
(City, State, and Zip Code)

Mailing address: (If same as above check here \_\_\_\_\_)

\_\_\_\_\_  
(PO Box, Apartment #, RR#, Street)

\_\_\_\_\_  
(City, State, and Zip Code)

Telephone Number \_\_\_\_\_ Email address: \_\_\_\_\_

( ) Yes ( ) No Are you currently employed in the U.S. Military (Active Duty) or  
the U.S. Federal Government?

In accordance with Chapter 11 Regulations Relating to the Nurse Licensure Compact  
Part II, 2.a. of the Nurse Licensure Compact Rules and Regulations, I declare that the  
State of \_\_\_\_\_ is my primary state of residence and is my legal state of residence.

I affirm that the contents of this document are true and correct to the best of my  
knowledge and belief. Providing false or misleading information may result in  
disciplinary action by the Board.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)



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